cases acute symptoms had set in and the vomiting had become fæculent, and it is in these aspects of the malady that the good effects of massage have been the most striking. I have myself made use of this measure in several cases of fæcal accumulation, and have so far met with no results that oppose the conclusions of Kriviakin and others. There is no mystery about the measure. Zabłudowski,⁷ by a series of experiments, has placed massage upon a scientific basis. He has shown that it restores exhausted muscle in a remarkable manner, that it increases the blood-pressure in the part and raises the local temperature. As Dr. Weir Mitchell well expresses it, massage is a most potent mechanical tonic. With regard to its effect in cases of fæcal accumulation, it must act largely as a mechanical agent, influencing the conformation of the stercoral mass and modifying its position. It would appear also to act as a direct stimulant to the intestine, for within a few minutes of the commencement of the manipulation peristaltic movements are excited, which may in time reach such a grade as to cause much colicky pain. It is possible that such effect may be brought about by the immediate stimulation of Auerbach's plexus, under the control of which the peristaltic rhythm is supposed to lie. The stimulation also of the skin of the abdominal parietes may be not without influence. It is supplied by branches from the last seven of the dorsal nerves, and it is significant that it is from these very nerves that the splanchnics are in greater part derived. The part played by the splanchnics in the abdominal nervous system need not be commented upon. Their precise influence upon the bowel has yet to be established, but, so far as movement is concerned, they appear to contain both excitator and inhibitory fibres. These explanations of the effects of massage are not entirely satisfactory, nor are they such as would satisfy the captious doubter. The doubter, however, can wait, and in the meantime the practical man may be satisfied that he has in massage a therapeutic measure of considerable value.

Wimpole-street, W.

AMNESIA FOLLOWING RHEUMATIC ARTHRITIS.

By M. J. BERNSTEIN, M.B.ED.

THE occurrence of amnesia, and subsequently of further symptoms of brain disease, in a patient who had been suffering from rheumatoid arthritis for several years, is, for the rarity of such a combination, in itself worthy of record. What etiological connexion there existed between the one and the other it would be difficult to say, especially as the etiology of rheumatoid arthritis is itself somewhat obscure.

On April 26th I saw for the first time the following case:—L. L.—, aged forty, cap-maker. Family history good; no history of rheumatism in the family. He was first attacked by rheumatism in the right knee nine years ago. Three years ago the right ankle was attacked; nine months ago the left knee was affected. The right knee is now, though somewhat enlarged, comparatively well. With regard to the cerebral symptoms, four months ago he had a slight fit; he fell down from the chair in which he was sitting, and was unconscious for a few minutes, but was very soon all right again. Nothing further was noticed until the beginning of April, when it was first observed that he could not speak properly.

Present condition.—There is great debility and emaciation. The left knee and right ankle are swollen, painful, and tender. In speaking, he shows distinctly that he is suffering from amnesia. He forgets words completely, sometimes substituting others in their place: thus, he calls a looking-glass a "mantelpiece"; but this is exceptional, as, for the most part, he simply fails to recollect the word and cannot give it; he articulates correctly, and repeats the word as soon as it is suggested to him. His mental power is not impaired. As he could never read or write, it is impossible to test him in these respects. But in the case of some prayers which he has been in the habit of repeating daily, he can still repeat them quite correctly when the first words are given him; but he can only do so at a rapid rate and without a pause; the least pause effectually stops further

progress, and he must commence again, the process really being nearly automatic in character. The motor power in both upper extremities is unimpaired; that of the legs being interfered with by the articular disease.

The patient, in the progress of the case, from the first time of my seeing him until his death, which occurred on Sept. 6th, presented no changes in the symptoms already described, excepting in degree. At times, particularly in bad weather, there would be an exacerbation of the rheumatic symptoms, and then the amnesia would also become worse, and would become better again with the abatement of the rheumatic symptoms. But in the last month of his illness his intellect became feeble; he became emotional, bursting into tears on the slightest provocation; had constant suspicion that his wife was concealing some trouble from him. He was, finally, almost unable to speak through the increase of the amnesic condition.

I was, unfortunately, unable to obtain a post-mortem examination, so that the actual cerebral conditions can only be conjectured. It is most probable that the slight fit described as occurring four months before my first visit and about nine months before death marks the occurrence of a rupture or embolism in a very small vessel in the brain, and that this was the starting-point of further changes. But what is most remarkable is that the amnesia should vary in intensity, at least in the earlier stages of the disease, according as the arthritic condition varied. That would appear to point to some closer dependence of the amnesia on the rheumatism than that already indicated.

Liverpool.

COMPLETE CURE OF INVERSION OF THE UTERUS.

By J. H. ARBUCKLE, M.D. & C.M., S.Sc.CERT. CAMB.

THE following case is worth recording even for statistical reasons. When in the neighbourhood of Epworth, Lincolnshire, in December, 1874, I was asked by Dr. Alex. Cameron to see the patient, Mrs. Anne C—, twenty-four years of age, who was believed to be suffering from an inverted uterus. We found her in an extremely emaciated and anæmic condition, as feeble and blanched as a consumptive patient whose end is not far off. Having put her under chloroform, we clearly made out that her uterus was completely inverted, the size of an ordinary fist, filling and distending the vagina. Repeated attempts were then made by both of us to reduce it by taxis, but without success. The uterus was very vascular, and as it was thought she was near a menstrual period, further interference was postponed for ten days, when a similar attempt at reduction had a like result.

In the meantime I had read in the *Obstetrical Journal* of that month (January) of a new method of reduction by Dr. Robert Barnes, and we decided that it should be tried. So, a week after, we again put her under chloroform, and as the whole uterus could easily be withdrawn outside the labia without the use of tape, as suggested by Dr. Barnes, I simply made three long and deep incisions longitudinally in the constricting neck of the uterus; there was no hæmorrhage. By pressing on the fundus with my fingers I had more than half reduced it, when my hand got tired, and Dr. Cameron, on trying, easily and at once completed the reduction. A dose of opium was given to her after recovery from the chloroform, and her convalescence was rapid, no further treatment or attention having been required. She was up and moving about fourteen days after the operation. I saw her a year after, and had difficulty in recognising her; she was a picture of robust health.

Dr. Cameron was not her medical attendant during confinement, and the following is her own account. She was confined a year before the operation of her second child; the labour was normal, the child born alive and well, and is still alive. She stated that the afterbirth was dragged from her, giving her great pain at the time, and, the pain continuing, she believed something was wrong, but it was not till the ninth day after delivery, when she attempted to get out of bed, that she found her womb was down. Her medical attendant, who was sent for, tried to return it, but did not succeed. He assured her it was a common condition. She continued in this state for several months, when

⁷ Langenbeck's Archiv für Klin. Chirurgie; xxi; 2.